

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09350

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Fishing Creek
 How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fishing Creek
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - -

3.(a) FULL NAME

Cecelia Ann Bartlett

3.(b) Social Security Number

n r

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife - - - - B.(c) If alive, give age - - - - years
 7. Birth date of deceased (mo., day, yr.) July 2, 1948
 8. AGE: Years * Months 2 Days 22 If less than one day - - - - hrs. - - - - min.

9. Birthplace Cambridge, Dor. Co., Maryland
 (Town, county, and state)

10. Usual occupation - - - -11. Industry or business - - - -

FATHER 12. Name Eldridge E. Bartlett
 13. Birthplace Maryland

MOTHER 14. Maiden name Rebecca Travers
 15. Birthplace Maryland

16. Informant Mrs. Rebecca T. Bartlett
 Address Fishing Creek, Maryland.

17. Burial Date thereof Sept. 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Sept 25 1948 James W. Meade
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22 1948 to Sept. 24 1948
 and that I last saw her alive on Sept. 24 1948
 Immediate cause of death Hydrocephalus
Conjunctal malformation

DURATION

3 mo

Due to Hydrocephalus
Conjunctal malformation
 Due to X
 Other conditions - - - -

(Include pregnancy within 8 months of death)

Major findings of operations X Date of op. - - - -

Autopsy results - - - -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - - - - Date of - - - -
 Where did injury occur? - - - - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) - - - -
 Means of Injury - - - - Injured at work? - - - -

23. SIGNATURE James W. Meade, M.D.
 Address Fishing Creek, Md. Date signed Sept 25/48

RECEIVED

SEP 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

093512

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Reid's Grove
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Reid's Grove
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Walter R. Bell

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Minnie L. Bell

7. Birth date of deceased (mo., day, yr.)

October 21, 1870

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

ft less than one day

77115

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

Samuel R. Bell

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Margaret J. Hunt

15. Birthplace

Dorchester County, Maryland

16. Informant

Samuel B. Bell

Address

Rhodesdale, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof September 29, 1948
(month) (day) (year)

Cemetery or crematory

East New Market Cemetery

Location

East New Market, Maryland

18. Funeral director

J. J. Frampton

Address

Edinburg, Maryland

19.

September 27, 1948
(Date rec'd by registrar)S. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 19 48 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____
and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Disease of Coronary Arteries

DURATION

25-30 yrs.

Due to

Due to

Other conditions

Chronic Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

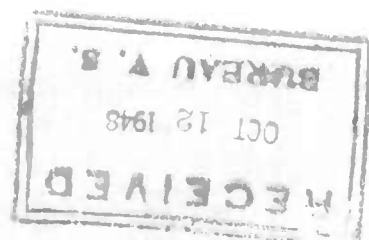
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. H. Shivers, Dep. Med. Exam.
Address Cambridge, Md. Date signed Sept 26/48



Evidence for change of
birth date and age shown on:

FILM No. G 117 SEP 23 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09352

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge-Maryland Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Salem
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Aletha Bevins

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>Negro</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Roland Bevins</u>		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>Dec. 27, 1898</u> <u>1896</u>		
8. AGE: Years <u>51</u> <u>59</u>	Months	Days
If less than one day hrs. min.		

9. Birthplace Chance, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER	12. Name <u>Agustus Wright</u>
	13. Birthplace <u>Chance, Md.</u>
	14. Maiden name <u>Janie Price</u>
	15. Birthplace <u>Chance, Md.</u>

16. Informant Cambridge Hospital Records
Address Cambridge, Maryland

17. Burial Date thereof Sept. 21, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Chance Methodist Cemetery
Location Chance, Maryland

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. 9-21-48 John Mace, Jr. m.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 18 19 48 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep. 5 19 48 to Sep. 18 19 48
and that I last saw him alive on Sep. 18 19 48

Immediate cause of death

Cerebral hemorrhage
coma
hypertension CVD

DURATION

14 days

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Cambridge M. D. or other
Date signed Sep 20, 48

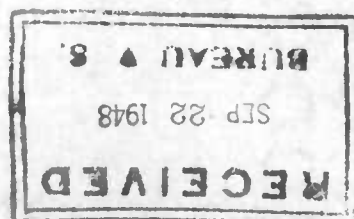
MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr. 4 mos. 14 das.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1 yr. 4 mos. 14 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Agnes Cox

3. (b) Social Security Number

212-18-6529

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or wife Granville Cox

7. Birth date of deceased (mo., day, yr.)

October (?) 1896

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

5111?

hrs.

min.

9. Birthplace Lakes, Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Factory Worker

11. Industry or business

MOTHER FATHER

12. Name Noah H. Bramble13. Birthplace Unknown14. Maiden name Mary Anne Bramble15. Birthplace Bishops Head, Dor. Co., Maryland16. Informant Eastern Shore State Hospital recordsAddress Cambridge, Maryland17. Burial Date thereon Sept. 29, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hoosier Memorial CemeteryLocation Fishing Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 9-30- 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 19 48 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13, 1947to September 27, 1948and that I last saw her alive on September 27 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 day

Due to

Due to

Other conditions Mediastinal tumor, epilepsy

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results Cerebral hem. softening, mediastinalPHYSICIAN: Please underline the cause to which death should be charged statistically.
tumor enlarged spleen, uterine fibroids

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md.Date signed 9-30-48

RECEIVED

OCT 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09354

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 8 Pleasant St
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Edna Mae Dodson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Elmer V. Dodson
 7. Birth date of deceased (mo., day, yr.) Oct. 16-1888 6. (c) If alive, give age 52 years

8. AGE: Years 59 Months 11 Days 1 If less than one day
 hrs. min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name A. Scott Dix13. Birthplace Alexandria, Va.14. Maiden name Carroll R. Ritter15. Birthplace Alexandria, Va.16. Informant Lawrence SiegelAddress md. ave. Cambridge, Md.17. Burial Date thereof 9-20-48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director Kenneth X ShoverAddress Cambridge, Md.19. 9-27 19 48 John mace, jr. m.

(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 19 48 at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 17 19 48
 and that I last saw her alive on Sept 17 19 48

Immediate cause of death

Coronary heart failure

DURATION

24 hrs

Due to Hypertension C.V.R.D.E
marked coronary sclerosis 24 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Thompson M. D. or otherAddress Cambridge Date signed Sept 18

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 Years
 Hospital, institution, or street address where death occurred:
RFD # 1
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County Dorchester
 State Rural-Cambridge
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Samuel Richard Harris

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 B.(b) Name of husband or wife Idelia Shorter
 6.(c) If alive, give age - - - - - years
 7. Birth date of deceased (mo., day, yr.) March 23, 1872
 8. AGE: Years 76 Months 6 Days 1 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace Dorchester Co., Maryland
 (Town, county, and state)
 10. Usual occupation Salesman
 11. Industry or business Bakery Products
 FATHER 12. Name Not Known
 13. Birthplace II
 MOTHER 14. Maiden name Not Known
 15. Birthplace II

16. Informant Mr. Warren Harris,
 Address Cambridge, Maryland
 17. Burial Burial Date thereof Sept. 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cambridge Cemetery
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 9-20- 19 48 John Mace Jr m
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1948, at 12:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8, 1945, to Sept. 24, 1948
 and that I last saw him alive on Sept 18, 1948

Immediate cause of death Coronary occlusion DURATION 2 hrs.
 Due to arteriosclerosis
Cardiovascular disease 3 years
 Due to - - - - -
 Other conditions Angina pectoris 3 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. - - - - -
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - - - - - Date of - - - - -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) - - - - -
 Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE Eldridge H. Walfield M. D. or other - - - - -
 Address Cambridge, Md. Date signed 9-25-48

RECEIVED

OCT 4 1948

BUREAU V. S.

ARTISTIAN LIDGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

09356

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? several months
 Hospital, institution, or street address where death occurred:
in waters of Choptank River near
 How long in hospital or institution? several months (E.S. Hosp)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Crumpton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. X
 (If rural, give LOCATION)
 2(a) If veteran, name war X

3. (a) FULL NAME

Paul Harrison

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced divorced
 6. (b) Name of husband or wife Eva States
 7. Birth date of deceased (mo., day, yr.) X X 1881
 8. AGE: Years 67 Months X Days X If less than one day hrs. min.
 6. (c) If alive, give age X years

9. Birthplace Crumpton, Md.
 (Town, county, and state)
 10. Usual occupation Rural Mail Carrier
 11. Industry or business U.S. Mail

FATHER 12. Name John Harrison
 13. Birthplace Crumpton, Md.
 MOTHER 14. Maiden name Sallie Walls
 15. Birthplace Crumpton, Md.

16. Informant Mrs. Leroy Walls
 Address Crumpton, Md.
 17. Burial Date thereof Sept 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Crumpton
 Location Crumpton, Md.
 18. Funeral director C. L. Lane
 Address Crumpton, Md.
 19. 9-13 1948 John Macej. m
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1948 at about 12-45 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from X X 19. X X 19. and that I last saw h. X X alive on X X 19.

Immediate cause of death Drowning DURATION X

Due to Manic Depressive several months

Due to Had tried suicide several times
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide suicide Date of Sept. 10/48
 Where did injury occur? in river nr E.S. State Hosp.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Cambridge, Maryland
 Means of injury drowning Injured at work? no

23. SIGNATURE J. H. Shivers, Dep. Med. Exam. M. D. or other Sept. 11/48
 Address Cambridge, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09357

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DORCHESTER
City or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 MOS.
Hospital, institution, or street address where death occurred:
CAMBRIDGE MARYLAND Hosp.
How long in hospital or institution? 2 MOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County DORCHESTER
City or town Rhodesdale
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3.(a) FULL NAME

TERESA Hillsdale

3.(b) Social Security Number

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced SEPARATED

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) FEBRUARY 13, 1901. 6.(c) If alive, give age _____ years

8. AGE: Years 47 Months 7 Days 9 It less than one day _____ hrs. _____ min.

9. Birthplace CONSTABLE NEW YORK.
(Town, county, and state)

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name EFNER BRAND.

13. Birthplace CONSTABLE N.Y.

14. Maiden name ANGELINE KENVILL

15. Birthplace CANADA.

16. Informant MR. LOZIER

Address Rhodesdale Md.

17. Burial Date thereof 9-24-1948
(Burial, cremation, or other) (month) (day) (year)

Cemetery or crematorium Brookview

Location Brookview Md.

18. Funeral director Graveson Bros

Address Sharptown, Md.

19. 9-23 19 48 John Mac, J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPTEMBER 22, 1948 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 9 to 47 SEPT. 22, 1948
and that I last saw him alive on SEPT 22, 1948

Immediate cause of death METASTATIC ADENOCARCINOMA
Due to CARCINOMA DECEEDING
COLON.

Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)
Major findings of operations ADENOCARCINOMA - COLON
INTESTINAL OBSTRUCTION. Date of op. JUNE 10, 1948

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

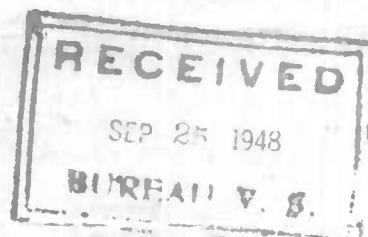
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
Address Cambridge Md. Date signed 9/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09358

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester

City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs., 3 mos., 19 das.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 3 yrs., 3 mos., 19 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Cecil

City or town.....Chesapeake City.
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

James H. Hilton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) October 2, 1856

8. AGE: Years Months Days If less than one day
92 -- 5hrs.min.

9. Birthplace.....Damascus, Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation.....Store Keeper

11. Industry or business.....

12. Name.....George Hilton

13. Birthplace.....Snow Hill, Maryland

14. Maiden name.....Frances Scott

15. Birthplace.....Snow Hill, Maryland

16. Informant.....Eastern Shore State Hospital Records

Address.....Cambridge, Maryland

17. Burial Date thereof.....10 11 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Presbyterian Cemetery

Location.....Elkton, Md.

18. Funeral director.....H. W. Phipps & Son

Address.....Elkton Md.

19. 10-8-19 x 8 John Macey, Jr. M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....September 7, 1948, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18, 1945, to September 7, 1948.

and that I last saw him alive on September 7, 1948.

Immediate cause of death.....

Arteriosclerotic cardio-vascular disease

Due to.....Senility

Due to.....

Other conditions.....Senile psychosis, simple

deterioration
(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....Grace M. Branscombe, M.D. or other

Address.....E. S. S. H., Cambridge, Md. Date signed.....10-7-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09359

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Home-RFD # 1
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War 11

3. (a) FULL NAME

Herman Franklin Insley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife - - - - -
 6.(c) If alive, give age - - - - - years
 7. Birth date of deceased (mo., day, yr.) Nov. 29, 1919
 8. AGE: Years 28 Months 9 Days 29 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace RFD # 1, Cambridge, Maryland.
 (Town, county, and state)

10. Usual occupation Farmer-Laborer

11. Industry or business 11 11

12. Name Joseph Insley

13. Birthplace Dorchester Co., Md.

14. Maiden name Blanche Shorter

15. Birthplace Dorchester Co., Md.

16. Informant Mrs. Blanche Insley.

Address RFD 1, Cambridge, Maryland.

17. Burial Burial Date thereof Sept. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Insley Family Cemetery

Location RFD # 1, Cambridge, Maryland

19. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 9-30-19 x8 John Mac, Jr.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X X 19 X X 19 X X

and that I last saw him alive on X X 19 X X

Immediate cause of death Injury to Brain

DURATION

X X

Due to Gunshot wound of skull X Z

Due to - - - - -

Other conditions Psychosis, had been at Perry Point Hospital during last year
 (Include pregnancy within 8 months of death)

Major findings of operations - - - - -

Date of op. - - - - -

Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Sept. 28/48

Where did injury occur? R.F.D. #1 Cambridge, Dor. Co.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of Injury Gunshot wound Injured at work? no

23. SIGNATURE John K. Shivers Dep. Med. Exam.

M. D. or other

Address Cambridge, Md. Date signed Sept. 29/48

RECEIVED

OCT 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

09360

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 20 years
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution?..... 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State..... Maryland County..... Dorchester
 City or town..... Cambridge R.D. 1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Rural
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Naomi L. Jackson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ralph W. Jackson

7. Birth date of deceased (mo., day, yr.)

Jan 9 - 1901

6. (c) If alive, give age..... years

52

8. AGE:

47 Years8 Months13 Dayshrs. min.

9. Birthplace

Golden Hill, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Edward Insley

12. Name

War Co.

13. Birthplace

Lula May Robinson

14. Maiden name

Baltimore

15. Birthplace

Ralph W. Jackson

16. Informant

Cambridge, Md. R.D. 1

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

Sept. 24 - 1948
(month) (day) (year)

Cemetery or crematory

Greenlawn

Location

Cambridge Md.

18. Funeral director

Kenneth R. Shoups

Address

Cambridge, Md.

19.

9-24-48

19.

x 8

19.

JohnmoreJ. M.Registrar1948

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 22 48 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 21 1948 to Sept 22 1948
and that I last saw her alive on Sept 22 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 1/2 hrs.

Due to

Hypertensive Cardio-Vascular
Renal Disease2 yrs. +

Due to

Other conditions

Diabetes Mellitus2 yrs. +

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

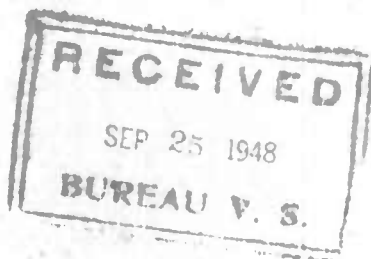
Eldridge H. Wolff MD

M.D. or other

Cambridge, Md

Date signed

9-23-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09361

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County... Dorchester
 City or town... Madison, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 Years
 Hospital, institution, or street address where death occurred:
Madison Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Madison Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Madison
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sophie J. Linthicum

3. (b) Social Security Number

4. Sex female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife George Linthicum
 6.(c) If alive, give age... years deceased
 7. Birth date of deceased (mo., day, yr.) About 1882
 8. AGE: Years 66 Months Days It less than one day

9. Birthplace Woolfords Md.
 (Town, county, and state)
 10. Usual occupation larorer
 11. Industry or business none
 12. Name John Chase
 13. Birthplace Woolfords Maryland
 14. Maiden name Caroline Coleman
 15. Birthplace Bucktown, Md.
 16. Informant Sarah Keene
 Address Madison Maryland

17. Burial Date thereof Sept 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory cemetery
 Location Madison Maryland
 18. Funeral director Lewis H. Bayneum
 Address Cambridge, Maryland

19. 9-16-48 John Mace Jr. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 19 48 at 1 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 8 19 48 to Sept. 14 19 48
 and that I last saw h... alive on Sept. 13 19 48

Immediate cause of death Hypertensive Cardiovascular disease
Uremia
 Due to... 6 days
 Due to...
 Other conditions...
 (include pregnancy within 8 months of death)

Major findings of operations... Date of op.
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Edwin F. Smith
C. Linbridge, Md. M. D. or other
 Address... Date signed 9-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 18 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09362

1930

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 44 Yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 404 Pine Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Guy Mack

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Marie Mack6. (c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) May 15 19048. AGE: Year 44 Month _____ Day _____ If less than one day _____ hr. _____ min.9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation laborer11. Industry or business none12. Name Walter Johnson13. Birthplace Cambridge, Md.14. Maiden name Mary Jews15. Birthplace Cambridge, Md.16. Informant Charlie MackAddress Cambridge, Md17. Burial Bethel Date thereof Sept 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge, Md

Location

18. Funeral director Lewis H. BayneumAddress Cambridge, Md.19. 9-20-48 John Mack, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16 19 48 at P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 19 48 to Sept 16 19 48 and that I last saw h. in alive on Sept 16 19 48Immediate cause of death Pyelocystitis

DURATION

Due to 3 wks

Due to

Other condition Abscess of Scrotum 4 Yrs

(Include pregnancy within 3 months of death)

Major findings and operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

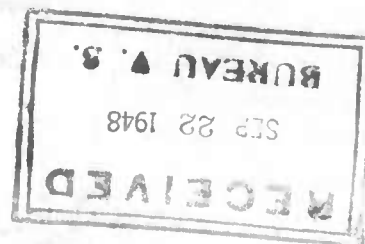
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Brown M. D. or otherAddress Cambridge Md Date signed 9-18-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09363

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Seven Years

Hospital, institution, or street address where death occurred:

Home-RFD # 2How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Elmer R. Moore

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bertha Stymus Moore

7. Birth date of deceased (mo., day, yr.)

18786. (c) If alive, give age - - - - - years

8. AGE:

Years

Months

Days

It less than one day

70- - - hrs.- - - min.9. Birthplace Vienna, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Gardener11. Industry or business II12. Name Levin R. Moore13. Birthplace Virginia14. Maiden name Jerusha McNamara15. Birthplace Virginia16. Informant Mrs. Earl FooksAddress RFD # 2, Cambridge, Maryland17. Burial Date thereof Sept. 4, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 9-7-48 John Mace, Jr. M.D.
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1948 at 1:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 2, 1948 to Sept. 3, 1948and that I last saw him alive on 9-3-48

Immediate cause of death

Myocardial Failure

DURATION

1 HourDue to Intestinal Obstruction?1 day.Due to - - - - -Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -Date of op. - - - - -Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -Where did injury occur? - - - - -

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) - - - - -Means of injury - - - - -Injured at work? - - - - -23. SIGNATURE Lawrence Maryanov, M.D.

M. D. or other

Address 136 Race Street, CambridgeDate signed 9-4-48

8281
806
1948

RECEIVED
SEP 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09364

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester County
 City or town Near Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of his life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Near Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Virgil Nichols

3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of ~~husband~~ or wife Annie M. Nichols
 6.(c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) December 12, 1868
 8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Christ Rock, Md.
 (Town, county, and state)
 10. Usual occupation Labor
 11. Industry or business none

12. Name William Nichols
 13. Birthplace Christ Rock, Md.
 14. Maiden name Julia Nichols
 15. Birthplace Christ Rock, Md.

16. Informant Rosie Smith
 Address 1611 Bruce Ct. apt 2 Balto 17, Md
Rock
 17. (Burial, cremation, or removal. Which?) Christ Rock Date thereof Sept. 26, 1948
 (Month) (day) (year)

Cemetery or crematory Near Cambridge
 Location Near Cambridge

18. Funeral director Samuel H. Thomas
 Address Cambridge Md

19. 9-27-48 John Mace, Jr. M
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1948 at 7:15 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-19-48 to 9-27-48
 and that I last saw him alive on 9-23-48

Immediate cause of death Urinary retention
 DURATION 2 wks

Due to Benign prostatic hypertrophy
 Due to _____

Other conditions Proteioscemic heart disease
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE William Thomas
Cambridge Md M. D. or other _____
 Address _____ Date signed 9-25-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09365

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... Dorchester
 City or town... Danbridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 3 months
 Hospital institution, or street address where death occurred:
Danbridge Md. Hospital
 How long in hospital or institution? 10 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Dorchester
 City or town... Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Daisy H. Parker

3. (b) Social Security Number

4. Sex... Female 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married
 6.(b) Name of husband or wife... Clarence Parker
 7. Birth date of deceased (mo., day, yr.)... April 29 - 1880 6.(c) If alive, give age... 63 years
 8. AGE: Years... 68 Months... 4 Days... 8 It less than one day... hrs. min.

9. Birthplace... Fishing Creek
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business...
 12. Name... Dorchester Hall
 13. Birthplace... Fishing Creek
 14. Maiden name... Snack Food Tiller
 15. Birthplace... Fishing Creek

16. Informant... Clarence Parker
 Address... Fishing Creek
 17. Bureau Date thereof... 9-9-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Boomer M. Churchyard
 Location... Fishing Creek, Md
 18. Funeral director... Samuel K. Thomas
 Address... Danbridge, Md
 19. 9-13 1948 John M. J.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Sept 7 1948 at 5:30 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1948 to Sept 7 1948
 and that I last saw him alive on Sept 6 1948

Immediate cause of death... Starvation
 Due to... Carcinoma ovary
General metastasis 24y
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... John M. J.
Samuel K. Thomas Date signed 9/11/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09366

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge-Maryland HospitalHow long in hospital or institution? Three days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 116 Washington Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

GORDON
Baby boy Payne (4:05 P. M. Sept. 20, 1948)

3. (b) Social Security Number

4. Sex

M

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 20 19488. AGE: Years Months Days If less than one day
3 hrs. min.9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thomas Payne
13. Birthplace MarylandMOTHER 14. Maiden name Mildred Collins
15. Birthplace Va16. Informant Va
Address Cambridge17. Burial, cremation, or removal. Which? Burial Date thereof 9-24-48
(month) (day) (year)Cemetary or crematory CambridgeLocation Cambridge18. Funeral director Funst H Bismar
Address Cambridge Md19. 9-28 1948 John Mace Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11:45 P. M. Sept. 23 1948 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him alive on Sept. 23 1948

Immediate cause of death

Possible birth injury

Due to 1. Premature separation of the membraneDue to 2Other conditions Loose tight around neck

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE L. O. Meredith, M.D. M. D. or otherAddress Cambridge, Maryland Date signed Sept. 23, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09367

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs., 3 mos. 6 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 yrs., 3 mos. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Tilghman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Augusta Roe

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife James A. Roe

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 2, 18768. AGE: Years Months Days If less than one day
72 2 8 _____ hrs. _____ min.9. Birthplace Somerset County, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Edward Tyler13. Birthplace Somerset County, Maryland14. Maiden name Sally Wilson15. Birthplace Somerset County, Maryland16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof 9-12-48
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Tilghman M. E.Location Tilghman Md.18. Funeral director J. FieldmoreAddress Tilghman Md.19. 9-11-48 19 48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 19 48 1:15 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 4 19 46 to September 10 19 48
and that I last saw him alive on September 10 19 48Immediate cause of death Cerebral arteriosclerosisDue to Senility

Due to _____

Other conditions Psychosis With Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas. M. Brannen M. D. or other
Address Cambridge Md. Date signed 9/11/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 10 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09368

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

5 Gough Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Gough Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

LULA SUDLER

3. (b) Social Security Number

217-10-8322

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Joseph Sudler

7. Birth date of

deceased (mo., day, yr.)

February 28, 1894

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

54611

hrs.

min.

9. Birthplace Cambridge, Dor. Co. Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Food Factory

MOTHER FATHER

12. Name

John Ennals

13. Birthplace

Cambridge, Dor. Co. Maryland

14. Maiden name

Elizabeth Nichols

15. Birthplace

Cambridge, Dor. Co. Md.

16. Informant

Mrs. Alveta Taylor

Address

Wilmington, Delaware17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Sept. 13, 1948

(month) (day) (year)

Cemetery or crematory

Waugh Cemetery

Location

Cambridge, Dor. Co. Maryland

18. Funeral director

Herbert M. St. Clair, Jr.

Address

Cambridge, Maryland

19.

(Date rec'd by registrar)

19.

John Mace, Jr. m

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 9, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24, 1948 to Sept. 9, 1948and that I last saw her alive on August 24, 1948

Immediate cause of death

Coronary Thrombosis -

DURATION

15 min.

Due to

Hypertension, cardiac -
vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John E. Ennals, M.D.

M. D. or other

Address

9 Race St., Cambridge, Md.Date signed 9-11-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. **I** correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Anne ArundelCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge - Maryland Hospital
4 days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Henry Ward

3. (b) Social Security Number

4. Sex

m

5. Color or race

negro

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

1868

8. AGE:

Years

Months

Days

If less than one day

80?

hrs.

min.

9. Birthplace

Crisfield, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

Unknown

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1948 at 9 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 5 1948 to Sept 5 1948
and that I last saw him alive on Sept 5 1948

Immediate cause of death

Coronary Heart Failure

DURATION

3 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED

SEP 10 1948

BUREAU V. S.

8981

28

1961

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09370

PLM No. G 117 SEP 27 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County **Dorchester**
City or town **Salem.**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Lifetime.**
Hospital, institution, or street address where death occurred:
At home. (Salem, R.D., Md.)
How long in hospital or institution? **Not in hospital.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland.** County **Dorchester.**
City or town **Salem. (Rural.)**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **None.**
(If rural, give LOCATION)
2.(a) If veteran, name war **None.**

3. (a) FULL NAME

Steph B Willison (WILLISON)

3. (b) Social Security Number

None.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of husband or wife **Mary Willison**

7. Birth date of deceased (mo., day, yr.) **Oct 29 1875** 6. (c) If alive, give age **60** years

8. AGE: Years **72** Months **11** Days **29** If less than one day

9. Birthplace **York Meck** (Town, county, and state)

10. Usual occupation **Farmer**

11. Industry or business **none**

12. Name **Emmott Willison**

13. Birthplace **Maryland**

14. Maiden name **Anna Jones**

15. Birthplace **Maryland**

16. Informant **Mary Willison**

Address **Vanessa Md**

17. **Sept 12** Date thereof (month) (day) (year)

Cemetery or crematory **York Meck**

Location **Salem Md**

18. Funeral director **Levin H B Aymer**

Address **Cambridge Md**

19. **Sept 11** 19 **48** (Date rec'd by registrar)

Eugene D. Braft Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **September 10** 19 **48** at **9 A.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **August 31** 19 **48** to **August 31** 19 **48**

and that I last saw him alive on **August 31st., 1948.**

Immediate cause of death **Apoplexy.**

Due to **Arterio-sclerosis.**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature **Edward E. Lamkin**

Edward E. Lamkin, M.D. Vienna, Md.

Address Date signed

MARGIN RESERVED FOR BINDING

I

VS A15

9-45-157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

